

# Request for Change



ReliaStar Life Insurance Company of New York  
Home Office: Woodbury, NY  
Administrative Office: POBox 20, Minneapolis, MN 55440  
*A member of the ING family of companies*

Please Use Black or Blue Ink

Return completed form to Plan Administrator unless instructed otherwise

Insured	Date of Birth	Social Security Number
Employer or Association	Policy/Plan Number	Certificate Number

## Policy/Certificate Changes

☐ Change name of: ☐ Insured or ☐ Owner

Previous Name: \_\_\_\_\_ New Name: \_\_\_\_\_

Reason for change: ☐ Marriage ☐ Divorce ☐ Other (explain): \_\_\_\_\_

*Attach a copy of the court order if name change is due to other than marriage.*

☐ Change address to: (include zip code) \_\_\_\_\_

☐ Issue duplicate policy/certificate

☐ Exchange Individual Policy (same insurer) *Attach completed policy application for new individual policy.*

Please exchange policy number(s) \_\_\_\_\_ in the amount of \$ \_\_\_\_\_

for (policy type) \_\_\_\_\_ in the amount of \$ \_\_\_\_\_

*The exchanged policy(ies) will be terminated as of the effective date of the new policy.*

## Coverage Reduction *(cannot be backdated)* See policy or certificate for plan increment requirements.

☐ Reduce policy/certificate face amount to \$ \_\_\_\_\_ effective (month, day, year) \_\_\_\_\_

☐ Reduce spouse coverage/rider amount to \$ \_\_\_\_\_ effective (month, day, year) \_\_\_\_\_

☐ Reduce child(ren) coverage/rider amount to \$ \_\_\_\_\_ effective (month, day, year) \_\_\_\_\_

☐ Other reduction (specify) \_\_\_\_\_ effective (month, day, year) \_\_\_\_\_

## Coverage Cancellation *(cannot be backdated)* See policy or certificate for minimum plan requirements.

☐ Cancel policy/certificate effective (month, day, year) \_\_\_\_\_

☐ Cancel spouse coverage/rider effective (month, day, year) \_\_\_\_\_

☐ Cancel child(ren) coverage/rider effective (month, day, year) \_\_\_\_\_

☐ Youngest child reached maximum age (see policy) on (date) \_\_\_\_\_

*Attach a copy of child's birth certificate.*

☐ Other cancellation (specify) \_\_\_\_\_ effective (month, day, year) \_\_\_\_\_

Signature of Owner	Date
--------------------	------

## For Insurer or Plan Administrator Use Only

Date received	Date processed	Processed by
---------------	----------------	--------------